

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118123

Entity Name: EMEDSOFT.COM, INC.

FILED  
Feb 20, 2007  
Secretary of State

## Current Principal Place of Business:

2204 US HWY 19 N  
HOLIDAY, FL 34691 US

## New Principal Place of Business:

215 21ST STREET SW  
ALTOONA, IA 50009 US

## Current Mailing Address:

2204 US HWY 19 N  
HOLIDAY, FL 34691 US

## New Mailing Address:

215 21ST SREET SW  
ALTOONA, IA 50009 US

FEI Number: 20-0677644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YOST, GENE  
1831 CYPRESS TRACE DRIVE  
SAFETY HARBOR, FL 34695 US

## Name and Address of New Registered Agent:

CIOTUSZYNSKI, JIM  
1647 HARBOR OAKS DRIVE  
TARPON SPRINGS, FL 34689 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JIM CIOTUSZYNSKI

02/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ERICKSON, STEVE  
Address: 9317 SUNSHINE BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VD ( ) Delete  
Name: CIOTUSZYNSKI, JIM  
Address: 1647 HARBOR OAKS DR  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP ( ) Delete  
Name: ERICKSON, LORI  
Address: 9317 SUNSHINE BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34654

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ERICKSON, STEVE  
Address: 215 21ST STREET SW  
City-St-Zip: ALTOONA, IA 50009

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ERICKSON, LORI  
Address: 215 21ST STREET SW  
City-St-Zip: ALTOONA, IA 50009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE ERICKSON

PD

02/20/2007

Electronic Signature of Signing Officer or Director

Date